#### CITY OF SOMERVILLE

MASSACHUSETTS

# OFFICE OF THE CITY CLERK RENEWAL APPLICATION FOR GARAGE LICENSE VINCENT SERRANO, TREASURER, IDEAL ENGINE L

VINCENT SERRANO, TREASURER, IDEAL 96-109 DOVER STREET	ENGINE	LIC #: 2012-031 B.O.A.#		
SOMERVILLE MA 02144  *** ENCLOSED IS THE REN		OR YOUR ***		
ALLOWED USES - (CHOOSE ALL THAT Mechanical Repair: X Auto Body Washing Vehicles: Spray Pain ISSUED IN ACCORDANCE WITH THE APPLICATHIS Certificate must be signed and flater than April 30, 2012. Use the exindly fill in the information corrected below. Please print or type y Company Name: IDEAL ENGINE REBUILD Company Address: 00096 DOVER ST	Work: X Parking o ting: Operating BLE PROVISIONS OF iled with the requinclosed envelope. ting any errors limps our information, e	a Tow Vehicle:		
City: SOMERVILLE Stat Check One: Individual: Co: Corp: X Tru Owner Name: VINCENT SERRANO, TRE	_	Gov't Partner		
Owner Name: <u>VINCENT SERRANO, TRE</u> Owner Address: <u>96-109 DOVER STREET</u>	ASURER, IDEAL ENGI	NE 1EL: 617-489-2460		
Owner City: SOMERVILLE	State: MA	Zip: 02144		
FID#: 042282279 This renewal is being sent to you as renewal is not returned to City Clerk	a courtesy, please 's office by 04/30	file on time. If this /2012, please advise.		
***** HOURS OF OPERSTIONS ***** MONDAY-FRIDAY 07:30 AM-05:30 PM SATURDAY 00:00 AM-00:00 PM SUNDAY: CLOSED	[	Very truly yours,		
		John J. Long City Clerk		
GARAGE OPEN TO THE	E PUBLIC LI	CENSE #: 2012-031 FEE: \$550.00		
This is to certify: VINCENT SERRANO, TREASURER, IDEAL ENGINE has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 06/22/1978				
Garage situated at: 00096 DOVER ST Doing business as: IDEAL ENGINE REBU Shall not exceed: 20 Vehicles Inside in addition the following restriction	& 20 Vehicles Outs	ide, not on public ways		
3-28-91 AMENDED TO ADDITIONAL 20 VEHICLES BEING GARAGED INSIDE THE PREMISES ONLY. UNDER NO CIRCUMSTANCES WILL PARKING BE ALLOWED OUTSIDE OF PREMISES.				
This renewal certificate must be signed by the holder of the license.  Check One:  Owner Occupant Holder				
Signature of Applicant	** Offic	Mailed		
Someralle ma origy	Received:	Taken		
Someralle MA 02144	-			

City

State

Zip

City Clerk

#### IMPORTANT

#494

Dear	Licen	se Hol	der:

License Holder Signature:

REF 605

Date 3 22 12

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: Ideal Engine Rebuilders Inc.  Somerville Address and Zip Code: 96 Dover St Somerville MA 02144  Phone Number of the Business: 617-666-3737  The Legal Name of the License Holder: Denois Serrano  Street Address of the License Holder: 96 Dover St  City, State and Zip Code of the License Holder: Somerville MA 02144  Phone Number of the License Holder: 617-470-8384-781-246-5834  Email Address of the License Holder: denois @ Ideal Aufo Repair Com  Where We Should Send Mail: Name: Denois Serrano  Street Address: 96 Dover St			
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Where We Should Send Mail: Name: Dennis Serrano			
Street Address: 96 Dues St			
Street Address. 10 2006, 7.			
City, State and Zip Code: Somerville MA O2144			
Email: dennis @ Idealantofepair. Com	•		
Phone Number: 617-666-3737	<del></del>		
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Federal ID # (Do Not Give a Social Security #): 042282279			
Emergency Contact and Phone (For Fire Dept. Use): 617-470-8384 / 781 246-58	<u> </u>		
Type of Business (Check Only One and Give the Names Indicated):			
Sole Proprietor: Name of Owner:			
Partnership (inc. LLP): Names of All Partners Who Own More Than 10%:			
Trust: Names of All Trustees Who Own More Than 10%:			
Corporation (inc. LLC): Name of President: Dennis Serrano			
Name of Secretary: Sthre			
Name of Treasurer: Stame			
Other (Attach a Description of the Form of Ownership and the Names of Owners)			

### MASSACHUSETTS DEPARTMENT OF REVENUE

## REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

\* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if a corporation)

042282279

- \* This license will not be issued unless this certification clause is signed by the applicant.
- \*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.

<sup>\*\*</sup> Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)



### City of Somerville, Massachusetts Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

### CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: Ideal Engine Rebuilders Inc.				
Address of taxpayer/applicant's business in Somerville: 100 bover st				
Address of taxpayer/applicant's home in Somerville:				
Taxpayer/applicant's phone: day: 617-666-3737 evening:				
I, (print name) Ideal Engine Rebuillers Two., the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.				
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this day of				
(Taxpayer's signature)				
CITY'S ACKNOWLEDGEMENT				
DATE OF ISSUANCE: * INCLUDES RELEVANT POSTINGS THROUGH:				
TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:				
Real Estate  # 194/2/12  # 30090  # NOTES:  CLERK'S INITIALS:  ORIGINAL STAMP:  Other:  # RECEIVED				



# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street, 7th Floor

Boston, Mass. 02111
Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT leg	(Diversity)
name: Ideal Engine Rebuilder Inc	
address: 100 Dover St	
city Some stille state: MB	zip: O2/44 phone #
working in any capacity. Office Sa I am an employer with semployees (full & part time). Other	
I am an employer providing workers' compensation for my employer company name: Idea   Engine Relaters Inc	
address: 100 Deven St	
	phone#: 617-666-3737
insurance co. A.I.C.	policy# WCC 500565 9012011
I am a sole proprietor and have hired the independent contractors list	ted below who have the following workers'
compensation polices:	
company name:	
address:	
city:	phone#:
insurance co.	policy # = a 1
company name:	
address:	
City:	plione#:
insurance co.	policy#
Attach additional sheet II necessary  Failure to secure coverage as required under Section 25A of MGL 152 can lead to to one years' imprisonment as well as civil penalties in the form of a STOP WORK Of copy of this statement may be forwarded to the Office of Investigations of the DIA is	or coverage verification.
I do hereby certify under the pains and penalties of perjury that the information Signature	on provided above is true and correct.  Date 4/4/12
Print name Dennis Serrano	Phone # 617-666-3737
official use only do not write in this area to be completed by city or town of city or town:	it/license#Building Department
city or town:	Selectmen's Office
	☐Health Department ☐Other
(revised Sept. 2003)	